

(D) Scanned

| | |
|---------------------------------------------|--|
| FILED | |
| MAR 22 2007 | |
| U.S. DISTRICT COURT DISTRICT OF DELAWARE | |

United States District Court
For the District of Delaware

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 07-58***

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|------------------------------------|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <u>Karen Van Sickle</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Agent</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Addressee</td> </tr> </table> <p>B. Received by <i>(Printed Name)</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>U.S. POSTAL SERVICE</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p> | | <input type="checkbox"/> Agent | <input type="checkbox"/> Addressee |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Addressee | | | | |
| <p>1. Article Addressed to:</p> <p>LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON DE 19801</p> <p><i>07-58***</i></p> | | <p>2. Article Number <i>(Transfer from service label)</i> 7003 1680 0002 2585 9059</p> | | | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | | | |
| | | 102595-02-M-1640 | | | |